PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  O 0 00032												ber									
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER SMALL										
TOTAL CLAIMS			14					RATE	FEE	1	RATE	FEE									
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			14 minus 20=		•			X\$ 9=		OR	X\$18=										
INDEPENDENT CLAIMS			2 minus 3 = *					X40=		OR	X80=										
MULTIPLE DEPENDENT CLAIM PR			RESENT					+135=		OR	+270=										
• If	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	7/1)									
CLAIMS AS AMENDED - PART II								701712		10	OTHER	THAN									
(Column 1)				(Colu	mn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	. 14	Minus	ے	30	=		X\$ 9=		<b>O</b> R	X\$18=										
MEN	Independent	. 0	Minus	••• (	3	=/		X40=		OR	X80=										
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=										
							TOTAL	·	OR	TOTAL											
1	)-1-04 (Column 1)		(Column 2) (Column			(Column 3)		ADDIT. FEE	7 /	OR	ADDIT. FEE	MMO									
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	· 21	Minus	( )	0	= \		X\$ 9=		OR	X\$18=	16									
	Independent	• 5	Minus	***	3	<u> -2</u>		X40=		OR	<b>X80</b> €	172									
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		<b>.</b>	+135=		OR	+270=										
								TOTAL ADDIT. FEE		OR	ADDIT. FEE	40									
<u></u>		(Column 1)	-		mn 2)	(Column 3)	١.			_											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
Š	Total	•	Minus	**		_	╽	X\$ 9=		OR	X\$18=	·									
AME	Independent		Minus	***	- A	]=		X40=		OR	X80=										
Ľ	FIRST PREȘE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIN		J	+135=		OR	+270=										
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL										
	If the "Highest Nu	ımber Previously F	Paid For" IN THI	S SPACE	is less th	an 3, enter "3."		ADDIT. FEE	propriate bo	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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